



COMMUNITY DONATIONS PROGRAM

(UP TO \$450)

APPLICATION FORM & CHECKLIST

Before completing this application form, please read the Community Grants and Donations Policy available at www.grc.qld.gov.au.

This program remains open to applications until the total funding has been fully allocated for the current financial year.

For inquiries or assistance with your application phone Council's Customer Service Centre on (07) 4671 7400.

- Complete all sections unless otherwise stated.
- Enter "N/A" if the question does not apply.
- **Incomplete applications will not be considered by Council.**

In-Kind Work

If the assistance sought is for "in-kind" support, contact must be made with the relevant section within Council prior to completion of this application. (Refer Section C)

Enquiries

Should you require assistance to complete this application form please contact either of the following officers prior to submission, as incomplete applications will not be considered.

Sarah Little
Senior Administration Officer
slittle@grc.qld.gov.au

John Woods
Executive Manager Administration and Community Services
jwoods@grc.qld.gov.au

Phone Goondiwindi Regional Council's Customer Service on 07 4671 7400 to speak with either of the officers.

LODGEMENT

Your completed application and any supporting documentation can be submitted to Council by:

Post:
Chief Executive Officer
Locked Mail Bag 7
INGLEWOOD QLD 4387

In Person:
Council's Customer Service Centres at:

100 Marshall Street, Goondiwindi
Elizabeth Street, Inglewood
High Street, Texas

Email :
mail@grc.qld.gov.au

Fax:
07 4671 7433

Please make the "Subject" in any covering letter or email : 'Community Grants and Donations Program'.

APPLICATION CHECKLIST

**THIS CHECKLIST WILL HELP YOU TO ENSURE THAT YOUR APPLICATION
IS COMPLETE AND READY TO LODGE**

Yes	N/A	Checklist Item
		Have the group's / organisation's office bearers or authorised persons read and understood the requirements and conditions set out in the Community Grants and Donations Program Policy?
		Has all of the group's / organisation's general information been completed in Section A?
		Is all of the information required about the Project / Event / Program included or attached for Section B?
		If the group / organisation is requesting in kind support, has Section C been completed by a Council officer prior to submission?
		Has the group / organisation completed Section D – Financial Assistance?
		Have both the total cost and funding sought amounts been completed in Section E?
		Have two office bearers or authorised officers completed Section F?
		Has an Invoice or Tax Invoice been attached? See Section G – Samples and attachments. <i>An Invoice/Tax Invoice is not required if :</i> <i>The application is for In-Kind assistance only, or</i> <i>The Applicant Organisation does not have an ABN.</i>
		Has a Statement by a Supplier Form been completed and attached. <i>This is only required where the Applicant Organisation does not have an ABN.</i>

Section A – Applicant Information

1. Contact Details Of Applicant Group / Organisation

Applicant Group / Organisation Name:

Contact Name:

Position in organisation:

Postal Address:

Phone:

Fax:

Mobile Phone:

A/H Phone:

Email Address:

Preferred method of contact: (Tick)

Post

Email

2. Details Of Applicant Group / Organisation

Is your group / organisation an incorporated legal entity?

Yes

(Tick & provide details)

Incorporated Association: IA.....

Australian Public Company Limited by Guarantee:

ACN.....

Cooperative registered under *Cooperatives Act 1997*

Other, please specify

No

If no, is your group/ organisation identified in Clause 5.1.3 in the Community Grants & Donations Program Policy.

- If yes, you can proceed with completing and lodging the application
- If no or you are uncertain, prior to proceeding further you should contact one of the Officers named in the "Enquiries" section on Page 1 of this form to ascertain if your group/organisation is eligible to apply for funding under the Program

Does your group / organisation have an ABN?

Yes

If yes, provide ABN

No

If no, please submit a completed ATO '*Statement by a Supplier*' form with your application. (*form attached*)

Is the group / organisation registered for GST?

Yes

No

3. Group / Organisation Bank Account Details

Bank name:

Account name:

BSB:

Account number:

4. Status of Group / Organisation

Is your group / organisation a Not-for-Profit Community Organisation? Yes No

Does the majority of the groups / organisations members reside in the Goondiwindi Regional Council region? Yes No

Does your organisation hold current public liability insurance? Yes No

Does the group / organisation have any debts owing to Council? Yes No

Does the group / organisation have a lease / MOU with Council? Yes No

Section B – Project / Event /Program Details

1. Provide an outline of the proposed project / event / program. Please attached any relevant supporting documentation; i.e. quotes.

2. Please describe how your project / event / program meets the needs of or will benefit the Goondiwindi Regional Council community and / or environment.

3. What is the proposed commencement date and duration of the project / event / program.

4. Main location of activities for the project / event / program.

Section C – In Kind Support

If the organisation / group is seeking “in kind” support which may involve the use of Council’s equipment and staff resources, contact must be made with the relevant section within Council to obtain an estimate of cost.

Below are details of the appropriate departments within Council to contact for completion of the Estimate of In Kind Support:

Engineering Services - plant and equipment (e.g. tractor & slasher, water truck)

Community & Corporate Services – facility hire, waiver of regulator fees

To make contact with the appropriate officer, please phone Council’s Customer Service Centre on (07) 4671 7400.

1. Name of project / event / program and proposed date(s)

2. Provide a brief description of assistance sought including an estimate of time each item is required (e.g. grading access road to grounds, grader 2 hours. Waive hire fee for Texas Sport Centre)

Applicant Group / Organisation Name:

Signature of Applicant:

** Council Use Only - Estimate of In Kind Support **

Provide details of assistance quoted to applicant:

Estimated cost of plant / equipment required	\$	
Estimated cost of resources	\$	
Estimated cost of staff assistance	\$	
Estimated cost of facility hire	\$	
Other costs (please describe):	\$	

Estimate of total cost of in kind assistance:	\$	ex GST / incl. GST <i>(circle appropriate)</i>
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Name of Council Officer:	Signature of Council Officer:
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Date provided: / /

Section D – Financial Assistance

Has the group / organisation previously received financial assistance from Council? Yes No

If yes, please provide details of the donation or grant received, name of the project and the financial year it was received.

Has the group / organisation sought or received funding for the proposed project / event / program from another source? Yes No

If yes, please provide details of the funding received i.e. provider and amount.

Are participants required to pay a fee to be involved in the proposed project / event / program? Yes No

If yes, please provide details of the fees and charges.

Section E – Funding Sought

What is the total cost of the project / event / program: \$

What is the amount of financial assistance sought from Council: \$ (ex GST) #

Note : If your organisation is Registered for GST, when completing a Tax Invoice GST should be added to this amount.

Section F – Certification

1. Privacy Notice	<p>In compliance with the <i>Information Privacy Act 2009</i> (the Act) personal information on this form may be stored in Council's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles Council's financial transactions and may be disclosed to other Local Government agencies, State Government and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.</p>	
2. Certification	<p>Certification by Office Bearers or Authorised persons of the Applicant Group / Organisation</p> <p>We certify that, to the best of our knowledge, the information provided within this application, including attachments, is true and correct. We understand that if Goondiwindi Regional Council approves funding, we will be required to accept the conditions of the funding as outlined in the letter of approval and Council's Community Grants and Donations Policy. We understand and accept that details of groups / organisations that receive financial assistance will be publicised by Council.</p>	
<p><i>This section MUST be completed by two Office Bearers or Authorised Persons of the Applicant Group / Organisation.</i></p>	Name:	Position:
	Signature:	Date:
	Name:	Position:
	Signature:	Date:
Office Use Only	Date Received:	Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	Requires Council Decision? <input type="checkbox"/> Yes <input type="checkbox"/> No	Decision Date: / /
	Amount requested: \$	Amount approved: \$

Section G – Examples and Attachments

Unless the application is for in kind support only or your group/organisation does not have an ABN, an Invoice or Tax Invoice must accompany your application. Below is an example of an Invoice and a Tax Invoice. Which of these your organisation lodges will depend on the Group's / Organisation's GST Registration status.

**Please note that if a properly completed Tax Invoice, Invoice or Statement by a Supplier form is not submitted with this application, the application will be returned for completion and resubmission.

Example A - ABN and registered for GST

TAX INVOICE

ABC Association Inc

(Your Group / Organisation Name)

ABN : 11 222 333 444

(Your Group / Organisation ABN)

Date : DD/MM/YYYY

To:
Chief Executive Officer
Goondiwindi Regional Council
LMB 7
INGLEWOOD QLD 4387

From:
Treasurer
ABC Association Inc.
PO Box 123
INGLEWOOD QLD 4387

Contribution towards XYZ	\$300.00
GST	\$30.00
Total payable including GST	\$330.00

Example B - ABN but not REGISTERED for GST

INVOICE

ABC Association Inc

(Your Group / Organisation Name)

ABN : 11 222 333 444

(Your Group / Organisation ABN)

Date: DD/MM/YYYY

To:
Chief Executive Officer
Goondiwindi Regional Council
LMB 7
INGLEWOOD QLD 4387

From:
Treasurer
ABC Association Inc.
PO Box 123
INGLEWOOD QLD 4387

Contribution towards XYZ	\$300.00
Total payable	\$300.00

Statement by a supplier

(reason for not quoting an ABN to an enterprise)

The following information provides guidance on:

- pay as you go (PAYG) withholding from payments for supplies
- the requirements for quoting an Australian business number (ABN).

When you pay suppliers who provide goods or services to your business, those suppliers generally need to quote an ABN. They can quote their ABN on an invoice or some other document that relates to the goods and/or services they provide. If any supplier does not provide its ABN, you may need to withhold an amount from the payment for that supply. This is referred to as 'No ABN withholding'.

WITHHOLDING FROM PAYMENTS

Generally, you must withhold 46.5% of the total payment for a supply unless one of the following applies:

- you have an invoice or some other document relating to the supply on which the supplier's ABN is quoted
- the ABN of the supplier's agent is quoted (if the supply is made through the agent)
- one of the exceptions to withholding applies or the supplier is not entitled to an ABN.

You may also be required to withhold 46.5% from the payment if you have reasonable grounds to believe that the ABN quoted is invalid (for example, it belongs to another entity).

QUOTING AN ABN

A supplier must quote their ABN by the time the payment is made to prevent 46.5% of a payment being withheld. A supplier may quote their ABN on an invoice or other document relating to the supply.

Documents that an ABN may be quoted on include:

- invoices
- quotes
- renewal notices (such as for insurance or subscriptions)

- order forms
- receipts
- contracts or lease documents
- letterheads, emails or internet records (web pages)
- records of over-the-phone quotation of an ABN
- catalogues (and other promotional documents) the supplier produces.

You must keep this information with other records relating to the supply.

➤ You do not have to check if the ABN is valid. However, if you suspect that the ABN quoted does not belong to the supplier or the supplier's agent, you can check it by either:

- visiting www.abr.business.gov.au
- phoning us on **13 72 26**, 24 hours a day, seven days a week.

WHEN IS WITHHOLDING NOT REQUIRED?

You do not have to withhold an amount from a payment if one of the following applies:

- the payer is not making the payment in the course of carrying on an enterprise in Australia
- the payment is \$75 or less, excluding any goods and services tax (GST)
- the supply that the payment relates to is wholly input-taxed
- the supplier is an individual and has given you a written statement that states the supply either
 - relates to a private recreational pursuit or hobby
 - is wholly of a private or domestic nature for that supplier.

However, you should withhold if you have reasonable grounds to believe that this statement is false or misleading. For example, the supplier is an individual aged under 18 years of age and the payment does not exceed \$350 a week.



You also should not withhold an amount from a payment if you are satisfied that one of the following applies:

- the supply is made by an individual or partnership without a reasonable expectation of profit or gain
- the supplier is not entitled to an ABN as they are not carrying on a business or enterprise in Australia
- the whole of the payment is exempt income for the supplier.

! If a supplier has applied for an ABN, they may ask you to hold back payment until the ABN has been obtained and quoted. This is a matter for you and the supplier to work out. However, unless one of the above exceptions applies, you must withhold 46.5% of the payment if it is made before an ABN is quoted. If you do not withhold from the payment, you may have to pay a penalty equal to the amount you should have withheld.

HOW DO YOU INFORM THE PAYER IF NO WITHHOLDING APPLIES?

As the payer, you may request a written statement from the supplier to justify not withholding if the supply either:

- relates to a private recreational pursuit or hobby – for example, a hobby artist receives a prize of \$100 in a shopping centre art show
- is wholly of a private or domestic nature for the supplier – for example, a home owner sells some personal furniture to a second hand store.

As a minimum, the statement should contain the following:

- the supplier's name and address
- why it was not necessary to withhold
- the supplier's signature.

We have developed a *Statement by a supplier* form that can be used for this purpose.

If you do not withhold because an exception applies, you should keep sufficient records to:

- identify the supply and the supplier
- justify the reason for not withholding.

You may choose to obtain a signed statement from the supplier containing the required information or use our form. If we conduct a review and find that the statement was incorrect, you won't be penalised if we believe it was reasonable for you to rely on the supplier's signed statement.

WHAT DO YOU NEED TO DO IF YOU ARE REQUIRED TO WITHHOLD?

If you are required to withhold an amount, you must:

- be registered for PAYG withholding – this can be done by phoning **13 28 66** between 8.00am and 6.00pm, Monday to Friday (you may already be registered if you are withholding from other payments, such as wages to employees)
- withhold 46.5% of the payment unless an exception applies
- report and pay the withheld amounts to us using your activity statement
- complete a *PAYG payment summary – withholding where ABN not quoted* (NAT 3283), providing a copy to the supplier at the time of payment or as soon as possible afterwards – suppliers can use the payment summary to claim a credit in their income tax return for the amount withheld
- keep a copy of the payment summary with your records
- complete a *PAYG withholding where ABN not quoted – annual report* (NAT 3448).

WHAT IF YOU DO NOT WITHHOLD WHEN YOU ARE REQUIRED TO?

You may be subject to penalties if you do not withhold an amount when required. The penalty will be equal to the amount that should have been withheld. It is an offence not to withhold and the payer may be prosecuted in appropriate cases.

➤ MORE INFORMATION

If you need more information about ABNs, you can:

- visit **www.abr.gov.au**
- phone us on **13 28 66** between 8.00am and 6.00pm, Monday to Friday
- speak to your tax adviser.

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on **13 14 50**.

If you are deaf, or have a hearing or speech impairment, phone the ATO through the National Relay Service (NRS) on the numbers listed below:

- TTY users, phone **13 36 77** and ask for the ATO number you need
- Speak and Listen (speech-to-speech relay) users, phone **1300 555 727** and ask for the ATO number you need
- internet relay users, connect to the NRS on **www.relayservice.com.au** and ask for the ATO number you need.

OUR COMMITMENT TO YOU

This publication was current at **May 2012**.



Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
you have supplied goods or services to an other enterprise (the payer), and
you are not required to quote an Australia business number (ABN).

Payers must withhold 46.5% of the total payment it makes to you for a supply that you make as part of your enterprise you carry on in Australia, unless an ABN has been quoted or there is no need to quote an ABN.

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
Use BLOCK LETTERS and print one character in each box.
Place X in all applicable boxes.

Grid for printing characters: S M I T H S T

Payers can check ABN records of suppliers by visiting www.abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.

Section A: Supplier details

1 Your name?

Grid for entering name: 40 boxes

2 Your address?

Grid for entering address: 40 boxes

Suburb/town, State/territory, Postcode fields

3 Your reason/s for not quoting an ABN? Place X in the appropriate box/es.

- The payer is not making the payment in the course of carrying on an enterprise in Australia.
The supplier is an individual aged under 18 years and the payment does not exceed \$120 a week.
The payment does not exceed \$75, excluding any goods and services tax (GST).
The supply that the payment relates to is wholly input taxed.
The supplier is an individual and has given the payer a written statement to the effect that the supply is either:
made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
wholly of a private or domestic nature (from the supplier's perspective).
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.

Section B: Declaration

Under pay as you go (PAYG) legislation and guidelines administered by the Tax Office, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

Grid for entering name of supplier: 40 boxes

Signature of supplier (or authorised person)

Signature box

Daytime phone number

Grid for entering phone number: 10 boxes

Date

Grid for entering date: Day, Month, Year

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to the Tax Office. Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for 5 years.